

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686 Expiration Date: 10/31/2015

		Fundi	ng Year	2014	Target Fleet	Sch	er Bus	Reb	ate Type	Rep	area
Applicant Informatio	n										
Organization Name	Southwest	Coach	es Inc.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Address 1500 Trav	is Road								Andreas (1884)		***************************************
City Marshall	County/Parish Lyon State					State	MN	ZIP 56258			
Employer/Taxpayer N	O. (EIN								,		
Eligible Entity Inform Private fleet owners are able are currently contracted or le transportation or air quality.	e to apply for fu eased to an elig	nding from	the Natio	onal Clean Diese ole entity is a fed	el Rebate Program if l deral, regional, state,	local, o	r tribal agend	y or port a	authority with	jurisdiction	requested, over
Eligible Entity Type		Eligible Entity Name					Eligible Entity Location (County, State)				
Local Govt/Agenc	L						arshall, MN				
I certify the fle	et of vehicle	e(s) or e d above	quipme and in	nt, for which the terms an	rebate funds are d conditions with	being	g requeste Program	ed, mee Guide	t the requi	rements	for
riginal Vehicle											
Vehicle Identification	en Engine Model Year	Gross Vehicle Weight	Vehicle Class	Engine Manufacturer	Engine Family Name	Annu Mile	I FIIAI	Annual Idling Hours	Location of Operation County State		Rebate Amount
1 1HVBBABP3VH460	310 97	26001	7	IHC	TNV444C8DARW	1500	0 2055	175	Lyon	MN	20000
2 1GDL7T1J6TJ5106	69 96	26001	7	Cat	SCP442DZDAR	1600	0 2200	180	Lyon	MN	20000
3											
4					1						
5									Maradam and and a state of a state of the st		
Yes Does your school transportation provider have an idle reduction policy?								Total Funds Requested 40000			
I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.								*Please see the Program Guide for eligible rebate amounts			
I certify that the according to the	vehicle(s) li requiremer	sted for its defin	replace ed in th	ment will be e Program G	properly dispose Juide.	ed of	.,,,,,,				
pplicant Signature											
By signing, I cert	ify the state	ments a unding, l	ind info	rmation prov to provide th	ided in this appli e required docur	cation nenta	are true a	and acco	rate to the	e best of ary for f	my unding.
Funding for the Natior Guide for additional fu			oate Pro	ogram is sub	ject to continuing	g fede	ral approp	oriations	. Please s	ee the <u>F</u>	rogram